SOCIAL SECURITY ADMINISTRATION WESTERN PROGRAM SERVICE CENTER PO BOX 2000 RICHMOND CA 94802-1791

M07

PRESORTED FIRST-CLASS MAIL POSTAGE AND FEES PAID SOCIAL SECURITY ADMINISTRATION PERMIT NO. G-11

OLD & TEAR OFF STUB

OFFICIAL BUSINESS PENALTY FOR PRIVATE USE. \$300

Bhallahdaldaadhdaladadhaladhdal

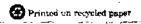
Form SSA-1099-SM (1-2008)

WHY YOU ARE RECEIVING THIS CORRECTED NOTICE

HERE IS A COPY OF THE NOTICE YOU SHOULD HAVE RECEIVED. PLEASE DESTROY THE EARLIER ONE. WE APOLOGIZE FOR ANY **INCONVENIENCE THIS ERROR MAY HAVE CAUSED.**

IMPORTANT: TAX INFORMATION ENCLOSED

KEEP THIS FORM FOR PROOF OF SOCIAL SECURITY BENEFITS NEED TO CONTACT SOCIAL SECURITY? CALL 1-800-772-1213! OR VISIT OUR WEBSITE WWW.SOCIALSECURITY.GOV



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Urgent Corrected Mailing



CORRECTED TAX INFORMATION FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT

1. Name			Box 2. Beneficiary's Social Security Number
3. Benefitis Paid in 2007	Box 4. Benefits P	epaid to SSA in 2007	Box 5. Hat Sanisthic for 2007 (Bar 2 remus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
		Box 6. Voluntary F	ederal Income Tax Withhold
		Box 7. Address	
		Box 8. Claim Num	iber (Use this number if you need to contact SSA.)